

UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF NEW YORK

In Re:

CORINNE ALBANESE

Debtor.

Case No. 14-43965-ess

Hearing Date: 5/4/17  
At 9:30 in the forenoon

Hon. Elizabeth S. Stong

NOTICE OF MOTION TO REOPEN CHAPTER 7 PURSUANT  
TO 11 U.S.C. §350 BANKRPTCY RULE 5015  
WITH SUPPORTING PAPERS

CORINNE ALBANESE  
Petitioner-Debtor  
69 Alan Loop  
Staten Island, NY 10304  
(718) 720-3402

CLERK  
U.S. BANKRUPTCY COURT  
EASTERN DISTRICT OF  
NEW YORK  
2017 APR 11 P 1:52  
RECEIVED

TO: WOODS OVIATT GILMAN, LLP  
Attorneys for Creditor  
CAPITAL ONE  
700 Crossroads Building, 2 State Street  
Rochester, NY 14614  
(855) 227-5072

CLERK  
U.S. BANKRUPTCY COURT  
EASTERN DISTRICT OF  
NEW YORK  
UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF NEW YORK

Case No. 14-43965-ess

In re:

CORINNE ALBANESE

2017 APR 11 P 1:52 X  
RECEIVED  
Debtor.

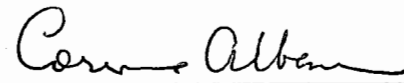
NOTICE OF MOTION TO  
REOPEN CHAPTER 7  
PURSUANT TO 11 U.S.C.  
§350(b) BANKRUPTCY RULE  
5015

PLEASE TAKE NOTICE that upon the annexed application of Corinne Albanese a hearing will be held before the Honorable Elizabeth S. Stong, Bankruptcy Judge, in Room 3585, located at the U.S. Bankruptcy, 271-C Cadman Plaza, Brooklyn, New York 11210, on May 4, 2017 at 9:30 in the forenoon of that day, to consider for a motion for an Order granting debtor's application to reopen her Chapter 7 bankruptcy proceeding to amend Schedule C exemptions to include creditor Capital One.

PLEASE TAKE NOTICE that if you do not want the court to grant the relief sought you must file your objection at least 14 days prior to the return date.

PLEASE TAKE NOTICE that answering papers must be served upon the petitioner-debtor at least 14 days prior to the return date. If you do not take steps the court may decide that you do not oppose the relief sought in the motion or objection and may enter an order granting that relief.

Dated: April 10, 2017



CORINNE ALBANESE  
Petitioner-Debtor, Pro Se  
69 Alan Loop  
Staten Island, NY 10304  
(718) 720-3402

TO: Woods Oviatt Gilman LLP  
Attorneys for Creditor  
Capital One  
700 Crossroads Building, 2 State Street  
Rochester, NY 14614  
(855) 227-5072

UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF NEW YORK

-----X

In re:

CORINNE ALBANESE

Debtor.

-----X

STATE OF NEW YORK     )  
                                  )ss.:  
COUNTY OF RICHMOND    )

Case No. 14-43965-ess

CHAPTER 7

Self-Represented

Return Date: 5/4/17

Hon. Elizabeth S. Stong

MOTION TO REOPEN CHAPTER 7 BANKRUPTCY  
PURSUANT TO 11 U.S.C. §350(b) BANKRUPTCY RULE 5015

I, Corinne Albanese, Debtor, Pro Se, am fully familiar with the facts and circumstances herein and states as follows:

1. I Corine Albanese filed bankruptcy pursuant to Chapter 7 of the Bankruptcy Code on July 31, 2014 wherein I was represented by counsel, Kevin B. Zazzera. My attorney filed the Statement Pursuant to Local Rule 2017-7 and affirmed therein that he reviewed corrected schedules.
2. The trustee was Alan Nisselson who fully administered the estate which had no assets to distribute, and therefore abandoned the estate.
3. Among the debts listed in the debtor's schedules was \$39,956.00 to creditor, Capital One. Creditor, Capital One, is a second mortgage, a line of credit which was not reaffirmed but was deemed "discharged". The balance is approximately \$31,069.92.

4. There were two secured creditors, Wells Fargo and Capital One, which are first and second mortgages on the real property. The first mortgage, Wells Fargo, was reaffirmed and is and has been current with a monthly payment of \$2,436.64 which includes taxes and insurance; the current unpaid principal balance is \$292,156.61 with a 30-year maturation term.

5. Debtor Capital One was not included on Schedule "C" as exempt.

6. On or about February 2, 2016, debtor Capital One commenced a foreclosure proceeding in Supreme Court Richmond County, Index No. 135023/2016 which has been in mediation pursuant to CPLR §3408. Settlement negotiations have been ongoing since November 1, 2016. On November 3, 2016, a good faith payment in the amount of \$4,855.21 was made toward the arrears of \$15,322.39 annexed as **Exhibit 1**.

7. Debtor, Capital One, original monthly payment was \$347.58 but default occurred on or about February 2, 2010. Debtor, Capital One offered to accept a monthly payment of \$944.07 over 12 months to clear up the default amount of \$10,467.18. In addition, debtor Capital One negotiated to include the arrears payment of \$944.07 plus the original monthly payment \$347.58, which equals \$1291.64 per month for approximately one year until the total default amount is paid. Thereafter, the loan converts to its original monthly payment of \$347.58. The loan maturation date is April 25, 2018. A counteroffer was made because the proposed monthly of \$1291.64 is not affordable Exhibits **2 and 3**. However, no consideration was given to the counteroffer.

8. Prior to my filing a Chapter 7 bankruptcy proceeding on or about July 31, 2014, my husband Anthony Albanese filed a Chapter 7 bankruptcy proceeding Case No. 13-43298, which also included debtor Capital One and was discharged on September 5, 2013.

9. The debtor now seeks to reopen this bankruptcy case to amend Schedule "C" to include Capital One as exempt. If the Court grants the debtor's application to reopen the Chapter 7 bankruptcy it will precede a motion to avoid a judicial lien.

FOR GOOD CAUSE SHOWN

10. In 2014, at the time of my bankruptcy proceeding I was not aware of any health issues. However, in November 2016, I was diagnosed with stage-4 breast cancer. I have been undergoing chemotherapy treatments since that time on a weekly basis.

11. Because of this diagnosis, I am intermittently on medical leave from work **Exhibit 4**. My health care costs from November 22, 2016 to January 6, 2016 was \$52,148.60 which was paid by my medical insurance coverage **Exhibit 5**. It is anticipated that my out-of-pocket co-pays or underinsured health care costs will be \$700 to \$1000 or more per month.

12. My husband, Anthony Albanese, is retired and on a fixed social security income of \$1,757.00 per month.

13. My income is the primary source of household income and the subject mortgage loan was executed by me and my husband, Anthony Albanese.

14. While participating in Court foreclosure settlement conferencing Capital One contacted my homeowner's association, Assurant Specialty Property, requesting to be placed in first lien position **Exhibit 6**.

15. Wells Fargo is the first lien holder and the loan was reaffirmed and has never been in default.

16. Petitioner-Debtor respectfully requests that the application fee be waived as attorney fees to defend the foreclosure action has cost approximately \$10,000.00 while the matter is still in settlement conferencing. Continued expenses associated with the foreclosure action is causing a financial hardship.

17. No prior application for the relief sought herein has been made to this court or any other court of competent jurisdiction.

WHEREFORE, the Debtor requests that this case be reopened to allow the Debtor to file an amended Schedule C listing a property exemption, and to proceed to make application to avoid judicial lien.

Dated: April 10, 2017



CORINNE ALBANESE  
Petitioner-Debtor, Pro Se  
69 Alan Loop  
Staten Island, NY 10304

Sworn to before me this  
11<sup>th</sup> day of April, 2017

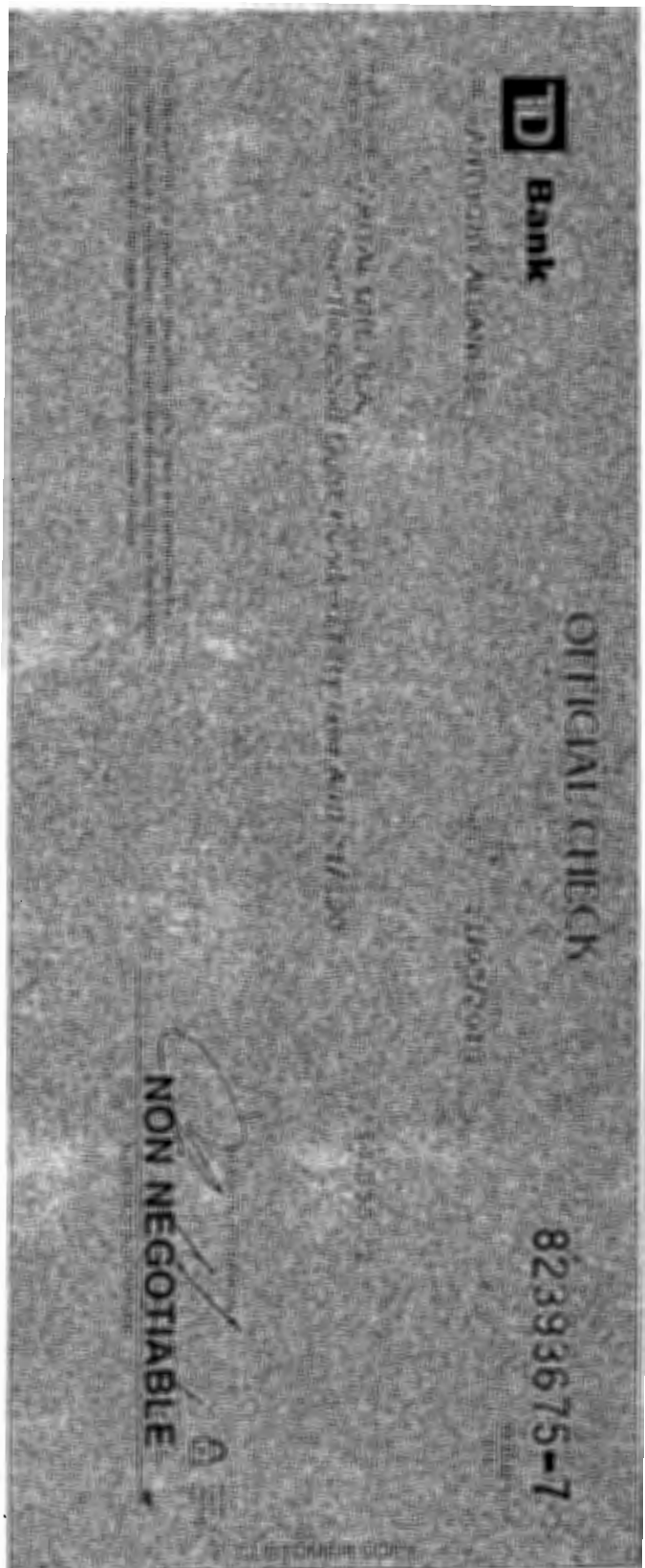
  
NOTARY PUBLIC

ARLENE WILLIAMS  
Notary Public, State of New York  
No. 01W1628900  
Qualified in Queens County  
Commission Expires March 15, 2018

**EXHIBIT 1**

PROPOSED SETTLEMENT FOREBEARANCE PAYMENT

LOAN No. 0010783205





**EXHIBIT 2**

**SETTLEMENT AND LOSS MITIGATION EMAILS**



Arlene Williams &lt;carlpersmods@gmail.com&gt;

---

**Albanese**

15 messages

---

**Arlene Williams** <carlpersmods@gmail.com>

Fri, Oct 21, 2016 at 1:51 PM

To: dphillips@woodsoviatt.com

Cc: "g.n.m" &lt;g.n.m@aol.com&gt;

Bcc: "Albanese, Corinne" &lt;corinne.albanese@skadden.com&gt;

Was advised to contact you because R. Stoller is no longer with the firm

Attached is a copy of the forbearance modification offer.

Please have your client breakdown the supplemental payment of \$944.07 and the initial payment of \$4855.21.

This is not a loan with escrow attached so we require a breakdown of fees, interest, incidental costs.

The borrowers want to move forward and perform on the loan obligation but need the numbers verified.

Also, why did Capital One request to be placed in first lien position with the Homeowner's Association insurance company?

Please advise.

---

**2 attachments** **HOA.InsuranceLtr..pdf**  
218K **MODIFICATION.BREAKDOWN.pdf**  
3775K

---

**Phillips, Dana B.** <DPhillips@woodsoviatt.com>

Fri, Oct 21, 2016 at 2:56 PM

To: Arlene Williams &lt;carlpersmods@gmail.com&gt;

Cc: "g.n.m" &lt;g.n.m@aol.com&gt;, "Wagner, Kevin C." &lt;KWagner@woodsoviatt.com&gt;

Good Afternoon,

This file is now being handled by Kevin Wagner, I have cc'd him on this email.

Thank you,

Dana B. Phillips  
Clerk  
Direct Dial: 585-362-4544  
Direct Fax: 585-362-4644

DPhillips@woodsoviatt.com

Firm Phone: 855-227-5072  
Firm Fax: 585-454-3968  
woodsoviatt.com



ATTORNEYS  
The art of representing people.

700 Crossroads Building 2 State Street Rochester, New York 14614

A Member of **MERITAS** Firms Worldwide.

Woods Oviatt Gilman LLP and the attorneys whom it employs are debt collectors who are attempting to collect a debt. Any information obtained by them will be used for that purpose.

THE INFORMATION CONTAINED IN THIS COMMUNICATION IS CONFIDENTIAL, MAY BE SUBJECT TO THE ATTORNEY-CLIENT PRIVILEGE, AND IS INTENDED ONLY FOR REVIEW AND USE BY THE ADDRESSEE. UNAUTHORIZED USE, DISCLOSURE OR COPYING OF THIS COMMUNICATION OR ANY PART THEREOF IS STRICTLY PROHIBITED AND MAY BE UNLAWFUL. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE DESTROY THIS COMMUNICATION, INCLUDING ALL ATTACHMENTS. PLEASE NOTIFY US IMMEDIATELY BY RETURN E-MAIL OR CALL 585-987-2800.

**From:** Arlene Williams [mailto:carlpersmods@gmail.com]  
**Sent:** Friday, October 21, 2016 1:52 PM  
**To:** Phillips, Dana B.  
**Cc:** g.n.m  
**Subject:** Albanese

[Quoted text hidden]

---

**2 attachments**

**HOA.InsuranceLtr..pdf**  
215K

**MODIFICATION.BREAKDOWN.PDF**  
3773K

---

**Arlene Williams** <carlpersmods@gmail.com>  
To: dphillips@woodsoviatt.com  
Cc: Jorge Delgado <jdelgadoesq@live.com>  
Bcc: "g.n.m" <g.n.m@aol.com>

Tue, Oct 25, 2016 at 4:26 PM

Mr. Philips,


Mr. Albanese has a conference on November 1, 2016 and his forbearance payment is also due on that day, which starts the repayment of the default amount.


Please advise us on the breakdown of the initial payment, and the supplement payment(s) so that the matter can be resolved prior to the next conference and prior to the initial payment.

[Quoted text hidden]

---

**2 attachments**

 **HOA.InsuranceLtr..pdf**  
218K

 **MODIFICATION.BREAKDOWN.pdf**  
3775K

---

**Wagner, Kevin C.** <KWagner@woodsoviatt.com>  
To: "carlpersmods@gmail.com" <carlpersmods@gmail.com>

Thu, Oct 27, 2016 at 4:08 PM

Hello,

I have followed up for this information.

Thank you!

Kevin C. Wagner  
Clerk  
Direct Dial: 585-445-2703  
Direct Fax: 585-445-2603

kwagner@woodsoviatt.com

Firm Phone: 855-227-5072  
Firm Fax: 585-454-3968  
woodsoviatt.com



ATTORNEYS  
*The art of representing people*

700 Crossroads Building 2 State Street Rochester, New York 14614

A Member of **MERITAS** Firms Worldwide.

Woods Oviatt Gilman LLP and the attorneys whom it employs are debt collectors who are attempting to collect a debt. Any information obtained by them will be used for that purpose.

THE INFORMATION CONTAINED IN THIS COMMUNICATION IS CONFIDENTIAL, MAY BE SUBJECT TO THE ATTORNEY-CLIENT PRIVILEGE, AND IS INTENDED ONLY FOR REVIEW AND USE BY THE ADDRESSEE. UNAUTHORIZED USE, DISCLOSURE OR COPYING OF THIS COMMUNICATION OR ANY PART THEREOF IS STRICTLY PROHIBITED AND MAY BE UNLAWFUL. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE DESTROY THIS COMMUNICATION, INCLUDING ALL ATTACHMENTS. PLEASE NOTIFY US IMMEDIATELY BY RETURN E-MAIL OR CALL 585-987-2800.

---

**From:** Phillips, Dana B.  
**Sent:** Thursday, October 27, 2016 8:35 AM  
**To:** Wagner, Kevin C.  
**Subject:** FW: Albanese

Dana B. Phillips  
Clerk  
Direct Dial: 585-362-4544  
Direct Fax: 585-362-4644

DPhillips@woodsoviatt.com

Firm Phone: 855-227-5072  
Firm Fax: 585-454-3968  
woodsoviatt.com



ATTORNEYS  
*The art of representing people*

700 Crossroads Building 2 State Street Rochester, New York 14614

A Member of **MERITAS** Firms Worldwide.

Woods Oviatt Gilman LLP and the attorneys whom it employs are debt collectors who are attempting to collect a debt. Any information obtained by them will be used for that purpose.


THE INFORMATION CONTAINED IN THIS COMMUNICATION IS CONFIDENTIAL, MAY BE SUBJECT TO THE ATTORNEY-CLIENT PRIVILEGE, AND IS INTENDED ONLY FOR REVIEW AND USE BY THE ADDRESSEE. UNAUTHORIZED USE, DISCLOSURE OR COPYING OF THIS COMMUNICATION OR ANY PART THEREOF IS STRICTLY PROHIBITED AND MAY BE UNLAWFUL. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE DESTROY THIS COMMUNICATION, INCLUDING ALL ATTACHMENTS. PLEASE NOTIFY US IMMEDIATELY BY RETURN E-MAIL OR CALL 585-987-2800.

**From:** Arlene Williams [mailto:carlpersmods@gmail.com]  
**Sent:** Tuesday, October 25, 2016 4:27 PM  
**To:** Phillips, Dana B.  
**Cc:** Jorge Delgado  
**Subject:** Fwd: Albanese

[Quoted text hidden]

---

**2 attachments**

 HOA.InsuranceLtr..pdf  
218K

 MODIFICATION.BREAKDOWN.pdf  
3775K

---

**Arlene Williams** <carlpersmods@gmail.com>  
To: Jorge Delgado <jdelgadoesq@live.com>


Thu, Oct 27, 2016 at 4:13 PM

fyi -

[Quoted text hidden]

---

**2 attachments**

 HOA.InsuranceLtr..pdf  
218K

 MODIFICATION.BREAKDOWN.pdf  
3775K

---

**Wagner, Kevin C.** <KWagner@woodsoviatt.com>  
To: "carlpersmods@gmail.com" <carlpersmods@gmail.com>

Fri, Oct 28, 2016 at 12:36 PM

Hello,

Please be advised I have ensured Capital One has a copy of the letter in the email you provided below.

Thank you!

Kevin C. Wagner  
Clerk  
Direct Dial: 585-445-2703  
Direct Fax: 585-445-2603

kwagner@woodsoviatt.com

Firm Phone: 855-227-5072  
Firm Fax: 585-454-3968  
woodsoviatt.com



ATTORNEYS  
The art of representing people

700 Crossroads Building 2 State Street Rochester, New York 14614

A Member of **MERITAS** Firms Worldwide.

Woods Oviatt Gilman LLP and the attorneys whom it employs are debt collectors who are attempting to collect a debt. Any information obtained by them will be used for that purpose.

THE INFORMATION CONTAINED IN THIS COMMUNICATION IS CONFIDENTIAL, MAY BE SUBJECT TO THE ATTORNEY-CLIENT PRIVILEGE, AND IS INTENDED ONLY FOR REVIEW AND USE BY THE ADDRESSEE. UNAUTHORIZED USE, DISCLOSURE OR COPYING OF THIS COMMUNICATION OR ANY PART THEREOF IS STRICTLY PROHIBITED AND MAY BE UNLAWFUL. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE DESTROY THIS COMMUNICATION, INCLUDING ALL ATTACHMENTS. PLEASE NOTIFY US IMMEDIATELY BY RETURN E-MAIL OR CALL 585-987-2800.

---

**From:** Wagner, Kevin C.  
**Sent:** Thursday, October 27, 2016 4:09 PM  
**To:** 'carlpersmods@gmail.com'  
**Subject:** FW: Albanese

[Quoted text hidden]

---

**Wagner, Kevin C.** <KWagner@woodsoviatt.com>  
To: "carlpersmods@gmail.com" <carlpersmods@gmail.com>

Tue, Nov 1, 2016 at 2:25 PM

Hello,

Here is the breakdown:

\$347.58 (P&I) + \$944.07 (from above breakdown) = \$1,291.65

Arrearages: \$10,467.18

Late Charges \$236.65

Corp Advances \$625.00

Total: \$11,328.83 / 12 months = \$944.07

(\*Total Arrearages: \$15322.39 - \$4855.21 (down payment) = \$10,467.18)

Thank you!

Kevin C. Wagner

Clerk

Direct Dial: 585-445-2703

Direct Fax: 585-445-2603

[kwagner@woodsoviatt.com](mailto:kwagner@woodsoviatt.com)

Firm Phone: 855-227-5072

Firm Fax: 585-454-3968

[woodsoviatt.com](http://woodsoviatt.com)



ATTORNEYS

*The art of representing people*

*700 Crossroads Building 2 State Street Rochester, New York 14614*

A Member of **MERITAS** Firms Worldwide.

Woods Oviatt Gilman LLP and the attorneys whom it employs are debt collectors who are attempting to collect a debt. Any information obtained by them will be used for that purpose.

THE INFORMATION CONTAINED IN THIS COMMUNICATION IS CONFIDENTIAL, MAY BE SUBJECT TO THE ATTORNEY-CLIENT PRIVILEGE, AND IS INTENDED ONLY FOR REVIEW AND USE BY THE ADDRESSEE. UNAUTHORIZED USE, DISCLOSURE OR COPYING OF THIS COMMUNICATION OR ANY PART THEREOF IS STRICTLY PROHIBITED AND MAY BE UNLAWFUL. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE DESTROY THIS COMMUNICATION, INCLUDING ALL ATTACHMENTS. PLEASE NOTIFY US IMMEDIATELY BY RETURN E-MAIL OR CALL 585-987-2800.

---

**From:** Wagner, Kevin C.

**Sent:** Friday, October 28, 2016 12:37 PM

**To:** 'carlpersmods@gmail.com'


**Subject:** RE: Albanese


[Quoted text hidden]



---

**2 attachments**

 **Albanese assurant letter.pdf**  
218K

 **Albanese evaluation notice.pdf**  
796K

---

**Arlene Williams** <carlpersmods@gmail.com>  
To: "Albanese, Corinne" <corinne.albanese@skadden.com>

Tue, Nov 1, 2016 at 3:07 PM

Here is the exact breakdown which makes sense that the \$4855.12 is deducted from \$15,322.39. There is a late charge and a corporate advance fee totaling \$861.00.


----- Forwarded message -----


From: **Wagner, Kevin C.** <KWagner@woodsoviatt.com>

[Quoted text hidden]

---

**2 attachments**

 **Albanese assurant letter.pdf**  
218K

 **Albanese evaluation notice.pdf**  
796K

---

**Wagner, Kevin C.** <KWagner@woodsoviatt.com>  
To: "carlpersmods@gmail.com" <carlpersmods@gmail.com>

Thu, Nov 3, 2016 at 2:33 PM

Hello,

We need the signed evaluation notice from the borrower asap so we can get the repayment plan setup.

Thank you!

Kevin C. Wagner  
Clerk  
Direct Dial: 585-445-2703  
Direct Fax: 585-445-2603

[kwagner@woodsoviatt.com](mailto:kwagner@woodsoviatt.com)

Firm Phone: 855-227-5072  
Firm Fax: 585-454-3968



ATTORNEYS  
The art of representing people

woodsoviatt.com

700 Crossroads Building 2 State Street Rochester, New York 14614

A Member of **MERITAS** Firms Worldwide.

Woods Oviatt Gilman LLP and the attorneys whom it employs are debt collectors who are attempting to collect a debt. Any information obtained by them will be used for that purpose.

THE INFORMATION CONTAINED IN THIS COMMUNICATION IS CONFIDENTIAL, MAY BE SUBJECT TO THE ATTORNEY-CLIENT PRIVILEGE, AND IS INTENDED ONLY FOR REVIEW AND USE BY THE ADDRESSEE. UNAUTHORIZED USE, DISCLOSURE OR COPYING OF THIS COMMUNICATION OR ANY PART THEREOF IS STRICTLY PROHIBITED AND MAY BE UNLAWFUL. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE DESTROY THIS COMMUNICATION, INCLUDING ALL ATTACHMENTS. PLEASE NOTIFY US IMMEDIATELY BY RETURN E-MAIL OR CALL 585-987-2800.

---

**From:** Wagner, Kevin C.  
**Sent:** Friday, October 28, 2016 12:37 PM  
**To:** 'carlpersmods@gmail.com'  
**Subject:** RE: Albanese

Hello,

[Quoted text hidden]

---

**Arlene Williams** <carlpersmods@gmail.com>  
 To: "Wagner, Kevin C." <KWagner@woodsoviatt.com>  
 Cc: Jorge Delgado <jdelgadoesq@live.com>  
 Bcc: "Albanese, Corinne" <corinne.albanese@skadden.com>

Thu, Nov 3, 2016 at 2:39 PM

o.k. he sent a certified check to the Capital One. Compare Capital One's breakdown to your breakdown and revise it so that it is consistent with your breakdown.

The Capital One breakdown reflected that the \$4855 payment was in addition to the default amount.

The borrower also wants to have the late charge and advance fees waived?

[Quoted text hidden]

---

**Arlene Williams** <carlpersmods@gmail.com>  
 To: "g.n.m" <g.n.m@aol.com>

Thu, Nov 3, 2016 at 2:39 PM

FYI -

----- Forwarded message -----

From: **Arlene Williams** <carlpersmods@gmail.com>

[Quoted text hidden]

Wagner, Kevin C. <KWagner@woodsoviatt.com>  
To: Arlene Williams <carlpersmods@gmail.com>  
Cc: Jorge Delgado <jdelgadesq@live.com>

Fri, Nov 4, 2016 at 9:44 AM

Hello,

It was agreed during the mediation that the borrower was accepting the repayment plan. We did not agree to waive any fees or change anything that has to do with the repayment plan as it was spelled out other than extending the down payment due date to 11/18/16. Does the borrower intend to accept that offer?

Also, please see the previously provided breakdown shown below. Down payment is \$4855.21 with monthly payments of \$1291.65.

**\$347.58 (P&I) + \$944.07 (from above breakdown) = \$1,291.65**

Arrearages: \$10,467.18

Late Charges \$236.65

Corp Advances \$625.00

Total: \$11,328.83 / 12 months = \$944.07

(\*Total Arrearages: \$15322.39 - \$4855.21 (down payment) = \$10,467.18)

Thank you!

Kevin C. Wagner  
Clerk  
Direct Dial: 585-445-2703  
Direct Fax: 585-445-2603

kwagner@woodsoviatt.com

Firm Phone: 855-227-5072  
Firm Fax: 585-454-3968  
woodsoviatt.com



ATTORNEYS

*The art of representing people®*

700 Crossroads Building 2 State Street Rochester, New York 14614

A Member of **MERITAS** Firms Worldwide.

Woods Oviatt Gilman LLP and the attorneys whom it employs are debt collectors who are attempting to collect a debt. Any information obtained by them will be used for that purpose.

THE INFORMATION CONTAINED IN THIS COMMUNICATION IS CONFIDENTIAL, MAY BE SUBJECT TO THE ATTORNEY-CLIENT PRIVILEGE, AND IS INTENDED ONLY FOR REVIEW AND USE BY THE ADDRESSEE. UNAUTHORIZED USE, DISCLOSURE OR COPYING OF THIS COMMUNICATION OR ANY PART THEREOF IS STRICTLY PROHIBITED AND MAY BE UNLAWFUL. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE DESTROY THIS COMMUNICATION, INCLUDING ALL ATTACHMENTS. PLEASE NOTIFY US IMMEDIATELY BY RETURN E-MAIL OR CALL 585-987-2800.

**From:** Arlene Williams [mailto:carlpersmods@gmail.com]  
**Sent:** Thursday, November 03, 2016 2:39 PM  
**To:** Wagner, Kevin C.  
**Cc:** Jorge Delgado  
**Subject:** Re: Albanese

[Quoted text hidden]

---

**Arlene Williams** <carlpersmods@gmail.com>  
To: "Wagner, Kevin C." <KWagner@woodsoviatt.com>  
Cc: "g.n.m" <g.n.m@aol.com>  
Bcc: Jorge Delgado <jdelgadoesq@live.com>

Mon, Nov 7, 2016 at 12:27 PM

Mr. Albanese mailed the good faith initial payment of \$4855.21. Please clarify whether or not the monthly payment is \$944.07 or \$1291.65?

He can make the \$944.07 monthly payment over 12 months but \$1291.65 is too much.

[Quoted text hidden]

---

**Arlene Williams** <carlpersmods@gmail.com>  
To: "Albanese, Corinne" <corinne.albanese@skadden.com>

Mon, Nov 7, 2016 at 12:28 PM

FYI -

----- Forwarded message -----

From: **Arlene Williams** <carlpersmods@gmail.com>  
Date: Mon, Nov 7, 2016 at 12:27 PM  
Subject: Re: Albanese  
To: "Wagner, Kevin C." <KWagner@woodsoviatt.com>

[Quoted text hidden]

---

**Wagner, Kevin C.** <KWagner@woodsoviatt.com>  
To: Arlene Williams <carlpersmods@gmail.com>  
Cc: "g.n.m" <g.n.m@aol.com>

Thu, Nov 10, 2016 at 10:44 AM

Hello,

It would be \$1291.65 total. \$347.58 a month in principle and interest + the \$944.07 to cover the Arrearages, Late Charges and Corp Advances. As the \$11,328.83 in arrearages after the \$4855.21 down payment over 12 months = \$944.07 plus the \$347.58 to cover the principle and interest fees.

Thank you!

Kevin C. Wagner  
Clerk  
Direct Dial: 585-445-2703  
Direct Fax: 585-445-2603

[kwagner@woodsoviatt.com](mailto:kwagner@woodsoviatt.com)

Firm Phone: 855-227-5072  
Firm Fax: 585-454-3968  
[woodsoviatt.com](http://woodsoviatt.com)



ATTORNEYS  
*The art of representing people*

*700 Crossroads Building 2 State Street Rochester, New York 14614*

A Member of **MERITAS** Firms Worldwide.

Woods Oviatt Gilman LLP and the attorneys whom it employs are debt collectors who are attempting to collect a debt. Any information obtained by them will be used for that purpose.

THE INFORMATION CONTAINED IN THIS COMMUNICATION IS CONFIDENTIAL, MAY BE SUBJECT TO THE ATTORNEY-CLIENT PRIVILEGE, AND IS INTENDED ONLY FOR REVIEW AND USE BY THE ADDRESSEE. UNAUTHORIZED USE, DISCLOSURE OR COPYING OF THIS COMMUNICATION OR ANY PART THEREOF IS STRICTLY PROHIBITED AND MAY BE UNLAWFUL. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE DESTROY THIS COMMUNICATION, INCLUDING ALL ATTACHMENTS. PLEASE NOTIFY US IMMEDIATELY BY RETURN E-MAIL OR CALL 585-987-2800.

**From:** Arlene Williams [<mailto:carlpersmods@gmail.com>]  
**Sent:** Monday, November 07, 2016 12:28 PM  
**To:** Wagner, Kevin C.  
**Cc:** g.n.m  
**Subject:** Re: Albanese

[Quoted text hidden]

**EXHIBIT 3**

SETTLEMENT COUNTEROFFER AND RESPECTIVE EMAILS

LOAN No. 0010783205

ANTHONY C. ALBANESE  
CORINNE ALBANESE  
69 ALAN LOOP  
STATEN ISLAND, NY 10304-4434

December 27, 2016

Capital One, N.A.  
P.O. Box 21887  
Eagan, MN 55121

Re: Loan No. 0010783205  
Address: 69 Alan Loop, Staten Island, NY 10304-4434  
Borrower(s) Anthony and Corrine Albanese:

To Whom It May Concern:

The above-referenced loan is a home equity line of credit (HELOC) which represents a lien against the property. This debt was discharged in bankruptcy and thereafter the creditor commenced a foreclosure action on a property with a first lien holder, Wells Fargo.

The borrowers participated in foreclosure settlement conferencing and made an initial good-faith forbearance payment of 4,855.21 on November 3, 2016.

Below is the breakdown of the default re- payments:

$\$347.58 \text{ (P\&I)} + \$944.07 \text{ (from above breakdown)} = \$1,291.65$

Arrearages: \$10,467.18

Late Charges \$236.65

Corp Advances \$625.00

Total:  $\$11,328.83 / 12 \text{ months} = \$944.07$

(\*Total Arrearages:  $\$15322.39 - \$4855.21 \text{ (down payment)} = \$10,467.18$ )

Recently, my wife was diagnosed with stage-4 breast cancer and is undergoing aggressive chemotherapy. It is anticipated that there will be challenges, which will require resources to cover unexpected expenses.

At this time, Corinne Albanese, is on medical leave and it has not been determined what her disability payments will be or when she will be approved for medical leave compensation.

Under the circumstances, the principal and interest payment together with the default amount is unaffordable. However, I would like to perform on the debt obligation and can afford

LOAN No. 0010783205

to make a monthly payment of \$650 toward the default amount including principal and interest over an extended period of time until the default amount is paid off.

Very truly yours,

A handwritten signature in cursive script that reads "anthony albanese". The signature is written in dark ink and is positioned above the printed name.

Anthony Albanese





Arlene Williams &lt;carlpersmods@gmail.com&gt;

**ALBANESE, ANTHONY**

17 messages

Ellis, Yazmin M. &lt;YEllis@woodsoviatt.com&gt;

Tue, Dec 27, 2016 at 9:27 AM

To: "carlpersmods@gmail.com" &lt;carlpersmods@gmail.com&gt;

Good morning,

I am following up for the written proposal for a repayment plan including the financial documents supporting the change in circumstances which was due by December 21, 2016. Please advise if you have a copy of the requested letter that you can provided me so I can get it over to our client for review.

Thank you

Yazmin M. Ellis

Clerk

Direct Dial: 585-445-2727

Direct Fax: 585-445-2627

yellis@woodsoviatt.com

Firm Phone: 855-227-5072

Firm Fax: 585-454-3968

woodsoviatt.com



ATTORNEYS

The art of representing people

700 Crossroads Building 2 State Street Rochester, New York 14614

A Member of **MERITAS** Firms Worldwide.

Woods Oviatt Gilman LLP and the attorneys whom it employs are debt collectors who are attempting to collect a debt. Any information obtained by them will be used for that purpose.

THE INFORMATION CONTAINED IN THIS COMMUNICATION IS CONFIDENTIAL, MAY BE SUBJECT TO THE ATTORNEY-CLIENT PRIVILEGE, AND IS INTENDED ONLY FOR REVIEW AND USE BY THE ADDRESSEE. UNAUTHORIZED USE, DISCLOSURE OR COPYING OF THIS COMMUNICATION OR ANY PART THEREOF IS STRICTLY PROHIBITED AND MAY BE UNLAWFUL. IF YOU HAVE RECEIVED THIS

COMMUNICATION IN ERROR, PLEASE DESTROY THIS COMMUNICATION, INCLUDING ALL ATTACHMENTS. PLEASE NOTIFY US IMMEDIATELY BY RETURN E-MAIL OR CALL 585-987-2800.

---

**Arlene Williams** <carlpersmods@gmail.com>  
To: "Ellis, Yazmin M." <YEllis@woodsoviatt.com>

Tue, Dec 27, 2016 at 11:55 AM

o.k. will send it later today.  
[Quoted text hidden]

---


**Arlene Williams** <carlpersmods@gmail.com>  
To: "Ellis, Yazmin M." <YEllis@woodsoviatt.com>  
Cc: Jorge Delgado <jdelgadoesq@live.com>, Carl Person <carlpers2@gmail.com>  
Bcc: Giancarlo Malinconico <gmnylegal@gmail.com>

Wed, Dec 28, 2016 at 2:03 PM

Attached is the repayment letter from Mr. Albanese and proof of his wife's sudden and unexpected hardship.

Please advise if this is sufficient. It was delayed one day because the client had to come into the office to deliver the paperwork.  
[Quoted text hidden]

---

 **RepaymentOffer.pdf**  
3385K

---

**Ellis, Yazmin M.** <YEllis@woodsoviatt.com>  
To: Arlene Williams <carlpersmods@gmail.com>  
Cc: Jorge Delgado <jdelgadoesq@live.com>, Carl Person <carlpers2@gmail.com>

Thu, Dec 29, 2016 at 10:32 AM

Good morning,

Please be advised I have forwarded same to our client for review and I will advised if this is sufficient.

Thank you

Yazmin M. Ellis  
Clerk  
Direct Dial: 585-445-2727  
Direct Fax: 585-445-2627

yellis@woodsoviatt.com

Firm Phone: 855-227-5072  
Firm Fax: 585-454-3968  
woodsoviatt.com



ATTORNEYS AT LAW  
The art of representing people®

700 Crossroads Building 2 State Street Rochester, New York 14614

A Member of **MERITAS** Firms Worldwide.

Woods Oviatt Gilman LLP and the attorneys whom it employs are debt collectors who are attempting to collect a debt. Any information obtained by them will be used for that purpose.

THE INFORMATION CONTAINED IN THIS COMMUNICATION IS CONFIDENTIAL, MAY BE SUBJECT TO THE ATTORNEY-CLIENT PRIVILEGE, AND IS INTENDED ONLY FOR REVIEW AND USE BY THE ADDRESSEE. UNAUTHORIZED USE, DISCLOSURE OR COPYING OF THIS COMMUNICATION OR ANY PART THEREOF IS STRICTLY PROHIBITED AND MAY BE UNLAWFUL. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE DESTROY THIS COMMUNICATION, INCLUDING ALL ATTACHMENTS. PLEASE NOTIFY US IMMEDIATELY BY RETURN E-MAIL OR CALL 585-987-2800.

**From:** Arlene Williams [mailto:carlpersmods@gmail.com]  
**Sent:** Wednesday, December 28, 2016 2:04 PM  
**To:** Ellis, Yazmin M.  
**Cc:** Jorge Delgado; Carl Person  
**Subject:** Re: ALBANESE, ANTHONY

[Quoted text hidden]

---

Ellis, Yazmin M. <YEllis@woodsoviatt.com>  
To: Arlene Williams <carlpersmods@gmail.com>  
Cc: Jorge Delgado <jdelgadoesq@live.com>, Carl Person <carlpers2@gmail.com>

Thu, Jan 26, 2017 at 9:21 AM

Good morning,

Can you please provide me with status on the 1<sup>st</sup> lien?

Thank you

Yazmin M. Ellis  
Clerk  
Direct Dial: 585-445-2727  
Direct Fax: 585-445-2627

yellis@woodsoviatt.com

Firm Phone: 855-227-5072

Firm Fax: 585-454-3968



ATTORNEYS

*The art of representing people®*

woodsoviatt.com

700 Crossroads Building 2 State Street Rochester, New York 14614

A Member of **MERITAS** Firms Worldwide.

Woods Oviatt Gilman LLP and the attorneys whom it employs are debt collectors who are attempting to collect a debt. Any information obtained by them will be used for that purpose.

THE INFORMATION CONTAINED IN THIS COMMUNICATION IS CONFIDENTIAL, MAY BE SUBJECT TO THE ATTORNEY-CLIENT PRIVILEGE, AND IS INTENDED ONLY FOR REVIEW AND USE BY THE ADDRESSEE. UNAUTHORIZED USE, DISCLOSURE OR COPYING OF THIS COMMUNICATION OR ANY PART THEREOF IS STRICTLY PROHIBITED AND MAY BE UNLAWFUL. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE DESTROY THIS COMMUNICATION, INCLUDING ALL ATTACHMENTS. PLEASE NOTIFY US IMMEDIATELY BY RETURN E-MAIL OR CALL 585-987-2800.

---

**From:** Ellis, Yazmin M.  
**Sent:** Thursday, December 29, 2016 10:32 AM  
**To:** 'Arlene Williams'  
**Cc:** Jorge Delgado; Carl Person  
**Subject:** RE: ALBANESE, ANTHONY

[Quoted text hidden]

---

**Arlene Williams** <carlpersmods@gmail.com>  
To: "Ellis, Yazmin M." <YEllis@woodsoviatt.com>  
Cc: Jorge Delgado <jdelgadoesq@live.com>

Thu, Jan 26, 2017 at 11:06 AM

I will provide you with a copy of the letter from Capital One acknowledging that it is not first lien holder. What is it that you are specifically requesting, i.e., a mortgage statement?

I will be back in the office tomorrow.

[Quoted text hidden]

---

**Ellis, Yazmin M.** <YEllis@woodsoviatt.com>  
To: Arlene Williams <carlpersmods@gmail.com>  
Cc: Jorge Delgado <jdelgadoesq@live.com>

Thu, Jan 26, 2017 at 11:14 AM

Good morning,

We are looking to confirm if the 1<sup>st</sup> lien is current or in default, if you have a copy of the current mortgage statement you can provide that as well.

Thank you

Yazmin M. Ellis  
 Clerk  
 Direct Dial: 585-445-2727  
 Direct Fax: 585-445-2627

yellis@woodsoviatt.com

Firm Phone: 855-227-5072  
 Firm Fax: 585-454-3968  
 woodsoviatt.com



ATTORNEYS  
*The art of representing people*

700 Crossroads Building 2 State Street Rochester, New York 14614

A Member of **MERITAS** Firms Worldwide.

Woods Oviatt Gilman LLP and the attorneys whom it employs are debt collectors who are attempting to collect a debt. Any information obtained by them will be used for that purpose.

THE INFORMATION CONTAINED IN THIS COMMUNICATION IS CONFIDENTIAL, MAY BE SUBJECT TO THE ATTORNEY-CLIENT PRIVILEGE, AND IS INTENDED ONLY FOR REVIEW AND USE BY THE ADDRESSEE. UNAUTHORIZED USE, DISCLOSURE OR COPYING OF THIS COMMUNICATION OR ANY PART THEREOF IS STRICTLY PROHIBITED AND MAY BE UNLAWFUL. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE DESTROY THIS COMMUNICATION, INCLUDING ALL ATTACHMENTS. PLEASE NOTIFY US IMMEDIATELY BY RETURN E-MAIL OR CALL 585-987-2800.

**From:** Arlene-Williams [mailto:carlpersmods@gmail.com]  
**Sent:** Thursday, January 26, 2017 11:07 AM  
**To:** Ellis, Yazmin M.  
**Cc:** Jorge Delgado  
**Subject:** Re: ALBANESE, ANTHONY

[Quoted text hidden]

Ellis, Yazmin M. <YEllis@woodsoviatt.com>  
 To: Arlene Williams <carlpersmods@gmail.com>  
 Cc: Jorge Delgado <jdelgadoesq@live.com>

Thu, Feb 2, 2017 at 11:17 AM

Good morning,

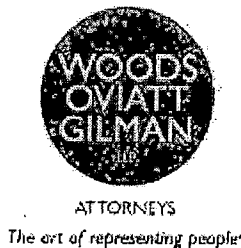
Please be advised we have not received any financial documents at this time.

Thank you

Yazmin M. Ellis  
Clerk  
Direct Dial: 585-445-2727  
Direct Fax: 585-445-2627

yellis@woodsoviatt.com

Firm Phone: 855-227-5072  
Firm Fax: 585-454-3968  
woodsoviatt.com



700 Crossroads Building 2 State Street Rochester, New York 14614

A Member of **MERITAS** Firms Worldwide.

Woods Oviatt Gilman LLP and the attorneys whom it employs are debt collectors who are attempting to collect a debt. Any information obtained by them will be used for that purpose.

THE INFORMATION CONTAINED IN THIS COMMUNICATION IS CONFIDENTIAL, MAY BE SUBJECT TO THE ATTORNEY-CLIENT PRIVILEGE, AND IS INTENDED ONLY FOR REVIEW AND USE BY THE ADDRESSEE. UNAUTHORIZED USE, DISCLOSURE OR COPYING OF THIS COMMUNICATION OR ANY PART THEREOF IS STRICTLY PROHIBITED AND MAY BE UNLAWFUL. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE DESTROY THIS COMMUNICATION, INCLUDING ALL ATTACHMENTS. PLEASE NOTIFY US IMMEDIATELY BY RETURN E-MAIL OR CALL 585-987-2800.

---

**From:** Ellis, Yazmin M.  
**Sent:** Thursday, January 26, 2017 11:15 AM  
**To:** 'Arlene Williams'  
**Cc:** Jorge Delgado  
**Subject:** RE: ALBANESE, ANTHONY

[Quoted text hidden]

---

**Arlene Williams** <carlpermods@gmail.com>  
To: "Ellis, Yazmin M." <YEllis@woodsoviatt.com>

Thu, Feb 2, 2017 at 11:23 AM

I will send the documents tomorrow.

[Quoted text hidden]

---

**Arlene Williams** <carlpermods@gmail.com>  
To: "Ellis, Yazmin M." <YEllis@woodsoviatt.com>

Fri, Feb 3, 2017 at 12:22 PM

Attached are the following:

1. RMA
2. 4506T
3. Hardship Letter
4. Pay Stubs
5. Medical bills

Please let me know what additional documents are required.

[Quoted text hidden]

---

 **RMA.etc..pdf**  
4480K

---


**Arlene Williams** <carlpersmods@gmail.com>  
To: "Ellis, Yazmin M." <YEllis@woodsoviatt.com>

Fri, Feb 3, 2017 at 12:23 PM

[Quoted text hidden]

---

**2 attachments**

 **Paystubs.pdf**  
2922K

 **medical.bills.pdf**  
2634K

---

**Arlene Williams** <carlpersmods@gmail.com>  
To: "Ellis, Yazmin M." <YEllis@woodsoviatt.com>

Fri, Feb 3, 2017 at 2:51 PM

Attached are the bank statements and proof of the first mortgage and its payment status which is current.

[Quoted text hidden]

---

 **Statements.mtg.bank.pdf**  
3216K

---

**Ellis, Yazmin M.** <YEllis@woodsoviatt.com>  
To: Arlene Williams <carlpersmods@gmail.com>

Mon, Feb 6, 2017 at 4:08 PM

Good afternoon,

Please be advised we are in receipt of all three parts of financials and same have been sent to our client for review.

Thank you

Yazmin M. Ellis  
 Clerk  
 Direct Dial: 585-445-2727  
 Direct Fax: 585-445-2627

yellis@woodsoviatt.com

Firm Phone: 855-227-5072  
 Firm Fax: 585-454-3968  
 woodsoviatt.com



ATTORNEYS  
*The art of representing people*

700 Crossroads Building 2 State Street Rochester, New York 14614

A Member of **MERITAS** Firms Worldwide.

Woods Oviatt Gilman LLP and the attorneys whom it employs are debt collectors who are attempting to collect a debt. Any information obtained by them will be used for that purpose.

THE INFORMATION CONTAINED IN THIS COMMUNICATION IS CONFIDENTIAL, MAY BE SUBJECT TO THE ATTORNEY-CLIENT PRIVILEGE, AND IS INTENDED ONLY FOR REVIEW AND USE BY THE ADDRESSEE. UNAUTHORIZED USE, DISCLOSURE OR COPYING OF THIS COMMUNICATION OR ANY PART THEREOF IS STRICTLY PROHIBITED AND MAY BE UNLAWFUL. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE DESTROY THIS COMMUNICATION, INCLUDING ALL ATTACHMENTS. PLEASE NOTIFY US IMMEDIATELY BY RETURN E-MAIL OR CALL 585-987-2800.

**From:** Arlene Williams [mailto:carlpersmods@gmail.com]  
**Sent:** Friday, February 03, 2017 2:51 PM  
**To:** Ellis, Yazmin M.  
**Subject:** Re: ALBANESE, ANTHONY

[Quoted text hidden]

**Arlene Williams** <carlpersmods@gmail.com>  
**To:** "Ellis, Yazmin M." <YEllis@woodsoviatt.com>

Mon, Feb 6, 2017 at 4:17 PM

Thank you.  
 [Quoted text hidden]

**Ellis, Yazmin M.** <YEllis@woodsoviatt.com>  
**To:** Arlene Williams <carlpersmods@gmail.com>

Fri, Feb 10, 2017 at 9:13 AM

Good morning,



The following documents are needed at this time:

- 1) TWO CURRENT CONSECUTIVE BI-MONTHLY PAY STUBS OF CORINNE ALBANESE.(PAY STUBS RECEIVED NOT LEGIBLE)
- 2) CURRENT YEAR SOCIAL SECURITY AWARD LETTER.
- 3) TWO MOST RECENT MONTHS BANK STATEMENTS SHOWING PROOF OF SOCIAL SECURITY DEPOSITS.
- 4) CURRENT HOMEOWNERS ASSOCIATION INVOICE FOR \$249.33 PER MONTH.

Thank you,

Yazmin M. Ellis  
Clerk  
Direct Dial: 585-445-2727  
Direct Fax: 585-445-2627

yellis@woodsoviatt.com

Firm Phone: 855-227-5072  
Firm Fax: 585-454-3968  
woodsoviatt.com



- ATTORNEYS -  
*The art of representing people®*

700 Crossroads Building 2 State Street Rochester, New York 14614

A Member of **MERITAS** Firms Worldwide.

Woods Oviatt Gilman LLP and the attorneys whom it employs are debt collectors who are attempting to collect a debt. Any information obtained by them will be used for that purpose.

THE INFORMATION CONTAINED IN THIS COMMUNICATION IS CONFIDENTIAL, MAY BE SUBJECT TO THE ATTORNEY-CLIENT PRIVILEGE, AND IS INTENDED ONLY FOR REVIEW AND USE BY THE ADDRESSEE. UNAUTHORIZED USE, DISCLOSURE OR COPYING OF THIS COMMUNICATION OR ANY PART THEREOF IS STRICTLY PROHIBITED AND MAY BE UNLAWFUL. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE DESTROY THIS COMMUNICATION, INCLUDING ALL ATTACHMENTS. PLEASE NOTIFY US

IMMEDIATELY BY RETURN E-MAIL OR CALL 585-987-2800.

**From:** Arlene Williams [mailto:carlpersmods@gmail.com]

**Sent:** Monday, February 06, 2017 4:17 PM

[Quoted text hidden]

[Quoted text hidden]

---

**Ellis, Yazmin M.** <YEllis@woodsoviatt.com>  
To: Arlene Williams <carlpersmods@gmail.com>

Tue, Feb 21, 2017 at 10:49 AM

Good morning,

Please be advised the below list of documents are currently still needed for review.

Thank you

Yazmin M. Ellis

Clerk

Direct Dial: 585-445-2727

Direct Fax: 585-445-2627

yellis@woodsoviatt.com

Firm Phone: 855-227-5072

Firm Fax: 585-454-3968

woodsoviatt.com



— ATTORNEYS —

*The art of representing people*

700 Crossroads Building 2 State Street Rochester, New York 14614

A Member of **MERITAS** Firms Worldwide.

Woods Oviatt Gilman LLP and the attorneys whom it employs are debt collectors who are attempting to collect a debt. Any information obtained by them will be used for that purpose.

THE INFORMATION CONTAINED IN THIS COMMUNICATION IS CONFIDENTIAL, MAY BE SUBJECT TO THE ATTORNEY-CLIENT PRIVILEGE, AND IS INTENDED ONLY FOR REVIEW AND USE BY THE ADDRESSEE. UNAUTHORIZED USE, DISCLOSURE OR COPYING OF THIS COMMUNICATION OR ANY PART THEREOF IS STRICTLY PROHIBITED AND MAY BE UNLAWFUL. IF YOU HAVE RECEIVED THIS

COMMUNICATION IN ERROR, PLEASE DESTROY THIS COMMUNICATION, INCLUDING ALL ATTACHMENTS. PLEASE NOTIFY US IMMEDIATELY BY RETURN E-MAIL OR CALL 585-987-2800.

---

**From:** Ellis, Yazmin M.  
**Sent:** Friday, February 10, 2017 9:13 AM  
**To:** 'Arlene Williams'  
**Subject:** RE: ALBANESE, ANTHONY

[Quoted text hidden]

---

**Arlene Williams** <carlpersmods@gmail.com>  
To: "Ellis, Yazmin M." <YEllis@woodsoviatt.com>

Fri, Feb 24, 2017 at 2:46 PM

Attached is the proof of homeowner's insurance.

You are in receipt of bank statements, 1st mtg statement, and pay stubs, but they are attached again.

There is a glitch with the social security website with regard to Mr. Albanese's 2017 award letter. You have a copy of his 2016 social security award letter.

[Quoted text hidden]

---

**3 attachments**



**HOI.pdf**  
910K



**pay.stubs.pdf**  
2643K



**Statements.mtg.bank.pdf**  
3216K



Arlene Williams <carlpersmods@gmail.com>

---

**Automatic reply: ALBANESE, ANTHONY**

1 message

---

Ellis, Yazmin M. <YEllis@woodsoviatt.com>

Fri, Feb 24, 2017 at 2:49 PM

To: Arlene Williams <carlpersmods@gmail.com>

Please be advised I will be out of for the remainder of the day and will be back on 2/27/17.

**EXHIBIT 4**

**EMPLOYMENT MEDICAL LEAVE FORM**

\*Contact MetLife at 888-444-1433 for any questions you have on completing this form.

Some services in connection with your Disability Claim may be performed by our affiliate, MetLife Global Operations Support Center Private Limited. This service arrangement in no way alters Metropolitan Life Insurance Company's obligations to you. Services will not be performed by our affiliate if prohibited by state or local law or by mutual agreement with the Group Customer.

<b>Section 2: To Be Completed by Employee</b>					
Name (First, MI, Last) <b>CORINNE ALBANESE</b>		Social Security # <b>089-50-4472</b>	ID Number <b>6250</b>	Date of Birth (MM/DD/YY) <b>04/04/1958</b>	Gender <input type="checkbox"/> M <input checked="" type="checkbox"/> F
Address <b>69 ALAN LOOP</b>		City <b>STATEN ISLAND</b>	State <b>N.Y.</b>	Zip Code <b>10304</b>	E-mail Address <b>CA/ALBANESE44@AOL.COM</b>
Home Phone # <b>718-720-3402</b>	Marital Status <input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Other	Federal Tax Status <input checked="" type="checkbox"/> Married <input type="checkbox"/> Single	Tax Exemptions (Number) <b>2</b>	Date Disability Began <b>12/8/16</b>	
Is your disability due to <input checked="" type="checkbox"/> Illness? <input type="checkbox"/> Injury/Accident? If due to injury/accident, provide Date _____, Time _____ AM <input type="checkbox"/> PM <input type="checkbox"/> Provide Details (Where and How) _____					
Is this condition work related? <input type="checkbox"/> Yes <input type="checkbox"/> No Automobile Related? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Name of physicians/providers who have treated you for this condition within the past 12 months					
Name of Physician/Provider		Phone Number	Dates of Treatment	Physician Specialty	
_____		_____	From _____ To _____	_____	
_____		_____	From _____ To _____	_____	
Please describe what prevents you from performing the duties of your job. _____					
<b>Section 3: To Be Completed by Attending Physician</b>					
This report is to assist us in making a disability determination that impacts income replacement for your patient. A MetLife claim representative may telephone your office if additional information is needed					
Patient Name <b>CORINNE ALBANESE</b>		Date Disability Began <b>12/8/16</b>	Expected Return to Work Date <b>2/28/2017</b>		
Initial date of treatment for this disability <b>Initial consult 11/17/16</b>	Most recent date of treatment <b>12/8/16</b>		Is condition work-related? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Primary ICD-9 <b>P C 50.919</b>	Diagnosis <b>Breast Cancer</b>				
Secondary ICD-9 _____	Diagnosis _____				
Objective Findings: _____					
CPT4 _____	Procedure _____		Date _____		
If pregnancy, delivery date _____ <input type="checkbox"/> Expected <input type="checkbox"/> Actual _____ Type of delivery _____					
If patient has been hospitalized <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient Admitted _____ Discharged _____					
Treatment Plan: <input type="checkbox"/> Additional Testing <input checked="" type="checkbox"/> Medication <input type="checkbox"/> Therapy <input type="checkbox"/> Surgery <input type="checkbox"/> Hospitalization <input type="checkbox"/> Referral _____ Other (Describe) <b>Patient will receive aggressive chemotherapy with curative intent.</b>					
Medications prescribed (names, dosages) <b>Adriamycin 60 mg/m<sup>2</sup>, Cyclophosphamide 600 mg/m<sup>2</sup> IV Every 2 weeks</b>					
Is patient able to work with job modifications or restrictions? (please be specific): <b>Not at this time</b>					
Signature <b>Rachel Smyth, MD</b>		Specialty <b>Medical Oncology</b>		Tax ID # <b>133278573</b>	
Street Address <b>300 EAST 60th St</b>		City/State/Zip <b>N.Y., N.Y. 10065</b>		Date <b>12/19/16</b>	
E-mail Address _____		Telephone # <b>914-367-7731</b>		Fax # <b>646-227-7283</b>	

**MetLife®**Metropolitan Life Insurance Company  
P.O. Box 14590  
Lexington, KY 40512  
Fax: 1-800-230-9531

**HIPAA:** This Authorization has been carefully and specifically drafted to permit disclosure of health information consistent with the privacy rules adopted and subsequently amended by the United States Department of Health and Human Services pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

**NOTE TO ALL HEALTH CARE PROVIDERS:** The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. 'Genetic information' as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Instructions for completing the form:

1. Complete all applicable areas of the form.
2. If you are the Authorized Representative, include a copy of the legal document(s) authorizing you to act on the Employee/Claimant's behalf.
3. Sign this form.
4. Fax or return this form as soon as possible to expedite processing of your claim – retain original for your records.

Your refusal to complete and sign this form may affect your eligibility for benefits under your employer's disability plan.

Corinne Albanese

Name of Employee (Please Print)

089 - 50

Social Security Number

- 4472

Claim Number: \_\_\_\_\_

### Authorization to Disclose Information About Me

For purposes of determining my eligibility for disability benefits, the administration of my employer's disability benefit plan (which may include assisting me in returning to work, or applying for Social Security Disability Insurance benefits), and the administration of other benefit plans in which I participate that may be affected by my eligibility for disability benefits, including but not limited to any workers compensation, employee assistance or disease management program, I permit the following disclosures of information about me to be made in the format requested, including by telephone, fax or mail:

1. I permit: any physician or other medical/care provider, hospital, clinic, other medical related facility or service, pharmacy benefit administrator, insurer, employer, government agency, group policyholder, contractholder or benefit plan administrator to disclose to Metropolitan Life Insurance Company ("MetLife"), and any consumer reporting agencies, investigative agencies, attorneys, and independent claim administrators acting on MetLife's behalf, any and all information about my health, medical care, employment, and disability claim.
2. I permit: MetLife to disclose to my employer or its agents acting in the capacity of administrator of its benefit plans or programs, including but not limited to, workers compensation, employee assistance, or disease management programs, any and all information about my health, medical care, employment, and disability claim.

This Authorization to Disclose Information About Me specifically includes my permission to disclose my entire medical record, including medical information, records, test results, and data on: medical care or surgery; psychiatric or psychological medical records, but not psychotherapy notes; and alcohol or drug abuse including any data protected by Federal Regulations 42 CFR Part 2 or other applicable laws. Information concerning mental illness, HIV, AIDS, HIV related illnesses and sexually transmitted diseases or other serious communicable illnesses may be controlled by various laws and regulations. I consent to disclosure of such information, but only in accordance with laws and regulations as they apply to me. Information that may have been subject to privacy rules of the U.S. Department of Health and Human Services, once disclosed, may be subject to redisclosure by the recipient as permitted or required by law and may no longer be covered by those rules. Your health care provider may not condition your treatment on whether you sign this authorization.

I understand that I may revoke this authorization at anytime by writing to MetLife Disability at P.O. Box 14590, Lexington, KY 40512-4590, except to the extent that action has been taken in reliance on it. If I do not, it will be valid for 24 months from the date I sign this form or the duration of my claim for benefits, whichever period is shorter. A photocopy of this authorization is as valid as the original form and I have a right to receive a copy upon request.

Corinne Albanese

Signature of Employee

12 - 1 - 16

Date

**Fraud Warning:**

LOAN No. 0010783205

Before signing this claim form, please read the warning for the state where you reside and for the state where the insurance policy under which you are claiming a benefit was issued.

Alabama, Arkansas, District of Columbia, Louisiana, Massachusetts, Minnesota, New Mexico, Ohio, Rhode Island and West Virginia – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Alaska – A person who knowingly and with intent to injure, defraud or deceive an insurance company files a claim containing false, incomplete or misleading information may be prosecuted under state law.

Arizona – For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of loss is subject to criminal and civil penalties.

California – For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado – It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Delaware, Idaho, Indiana and Oklahoma – WARNING: Any person who knowingly and with the intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Florida – Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky – Any person who knowingly and with the intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine, Tennessee, Virginia and Washington – It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland – Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Hampshire – A person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

New Jersey – Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Oregon and Vermont – Any person who knowingly presents a false statement of claim for insurance may be guilty of a criminal offense and subject to penalties under state law.



## Fraud Warning (continued):

LOAN No. 0010783205

Puerto Rico – Any person who knowingly and with the intention to defraud includes false information in an application for insurance or files, assists or abets in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars (\$5,000), not to exceed ten thousand dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

Texas – Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Pennsylvania and all other states – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning a fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Name of Employee (Please Print):	Cofinne ALbanese	Social Security Number:	089-50-4472
Signature of Employee	<i>Cofinne Albanese</i>	Date:	12-1-16

Signature of Employer's Representative	Date:
--	-------

Notice of Eligibility and Rights &  
Responsibilities  
(Family and Medical Leave Act)

LOAN No. 0010783205

U.S. Department of Labor  
Wage and Hour Division



OMB Control Number: 1235-0003  
Expires: 5/31/2018

In general, to be eligible an employee must have worked for an employer for at least 12 months, meet the hours of service requirement in the 12 months preceding the leave, and work at a site with at least 50 employees within 75 miles. While use of this form by employers is optional, a fully completed Form WH-381 provides employees with the information required by 29 C.F.R. § 825.300(b), which must be provided within five business days of the employee notifying the employer of the need for FMLA leave. Part B provides employees with information regarding their rights and responsibilities for taking FMLA leave, as required by 29 C.F.R. § 825.300(b), (c).

**[Part A - NOTICE OF ELIGIBILITY]**

TO: Cozanne Albanese  
Employee

FROM: Susan Maldonado  
Employer Representative

DATE: 11/29/16

On 11/29/16, you informed us that you needed leave beginning on \_\_\_\_\_ for:

- ☐ The birth of a child, or placement of a child with you for adoption or foster care;
- ☒ Your own serious health condition;
- ☐ Because you are needed to care for your \_\_\_\_\_ spouse; \_\_\_\_\_ child; \_\_\_\_\_ parent due to his/her serious health condition.
- ☐ Because of a qualifying exigency arising out of the fact that your \_\_\_\_\_ spouse; \_\_\_\_\_ son or daughter; \_\_\_\_\_ parent is on covered active duty or call to covered active duty status with the Armed Forces.
- ☐ Because you are the \_\_\_\_\_ spouse; \_\_\_\_\_ son or daughter; \_\_\_\_\_ parent; \_\_\_\_\_ next of kin of a covered servicemember with a serious injury or illness.

This Notice is to inform you that you:

- ☒ Are eligible for FMLA leave (See Part B below for Rights and Responsibilities)
- ☐ Are not eligible for FMLA leave, because (only one reason need be checked, although you may not be eligible for other reasons):
- ☐ You have not met the FMLA's 12-month length of service requirement. As of the first date of requested leave, you will have worked approximately \_\_\_\_\_ months towards this requirement.
- ☐ You have not met the FMLA's hours of service requirement.
- ☐ You do not work and/or report to a site with 50 or more employees within 75-miles.

If you have any questions, contact Susan Maldonado or view the  
FMLA poster located in 1166 Avenue of the Americas NY 10036

**[PART B-RIGHTS AND RESPONSIBILITIES FOR TAKING FMLA LEAVE]**

As explained in Part A, you meet the eligibility requirements for taking FMLA leave and still have FMLA leave available in the applicable 12-month period. However, in order for us to determine whether your absence qualifies as FMLA leave, you must return the following information to us by \_\_\_\_\_. (If a certification is requested, employers must allow at least 15 calendar days from receipt of this notice; additional time may be required in some circumstances.) If sufficient information is not provided in a timely manner, your leave may be denied.

- ☐ Sufficient certification to support your request for FMLA leave. A certification form that sets forth the information necessary to support your request \_\_\_\_\_ is/\_\_\_\_\_ is not enclosed.
- ☐ Sufficient documentation to establish the required relationship between you and your family member.
- ☐ Other information needed (such as documentation for military family leave): \_\_\_\_\_

No additional information requested

LOAN No. 0010783205

LOAN No. 0010783205

**MetLife®**Metropolitan Life Insurance Company  
P.O. Box 14590  
Lexington, KY 40512  
Fax: 1-800-230-9531

**HIPAA:** This Authorization has been carefully and specifically drafted to permit disclosure of health information consistent with the privacy rules adopted and subsequently amended by the United States Department of Health and Human Services pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

**NOTE TO ALL HEALTH CARE PROVIDERS:** The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. 'Genetic information' as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Instructions for completing the form:

1. Complete all applicable areas of the form.
2. If you are the Authorized Representative, include a copy of the legal document(s) authorizing you to act on the Employee/Claimant's behalf.
3. Sign this form.
4. Fax or return this form as soon as possible to expedite processing of your claim – retain original for your records.

Your refusal to complete and sign this form may affect your eligibility for benefits under your employer's disability plan.

Corinne Albanese

Name of Employee (Please Print)

089 - 50 - 4472

Social Security Number

Claim Number: \_\_\_\_\_

### Authorization to Disclose Information About Me

For purposes of determining my eligibility for disability benefits, the administration of my employer's disability benefit plan (which may include assisting me in returning to work, or applying for Social Security Disability Insurance benefits), and the administration of other benefit plans in which I participate that may be affected by my eligibility for disability benefits, including but not limited to any workers compensation, employee assistance or disease management program, I permit the following disclosures of information about me to be made in the format requested, including by telephone, fax or mail:

1. I permit: any physician or other medical/care provider, hospital, clinic, other medical related facility or service, pharmacy benefit administrator, insurer, employer, government agency, group policyholder, contractholder or benefit plan administrator to disclose to Metropolitan Life Insurance Company ("MetLife"), and any consumer reporting agencies, investigative agencies, attorneys, and independent claim administrators acting on MetLife's behalf, any and all information about my health, medical care, employment, and disability claim.
2. I permit: MetLife to disclose to my employer or its agents acting in the capacity of administrator of its benefit plans or programs, including but not limited to, workers compensation, employee assistance, or disease management programs, any and all information about my health, medical care, employment, and disability claim.

This Authorization to Disclose Information About Me specifically includes my permission to disclose my entire medical record, including medical information, records, test results, and data on: medical care or surgery; psychiatric or psychological medical records, but not psychotherapy notes; and alcohol or drug abuse including any data protected by Federal Regulations 42 CFR Part 2 or other applicable laws. Information concerning mental illness, HIV, AIDS, HIV related illnesses and sexually transmitted diseases or other serious communicable illnesses may be controlled by various laws and regulations. I consent to disclosure of such information, but only in accordance with laws and regulations as they apply to me. Information that may have been subject to privacy rules of the U.S. Department of Health and Human Services, once disclosed, may be subject to redisclosure by the recipient as permitted or required by law and may no longer be covered by those rules. Your health care provider may not condition your treatment on whether you sign this authorization.

I understand that I may revoke this authorization at anytime by writing to MetLife Disability at P.O. Box 14590, Lexington, KY 40512-4590, except to the extent that action has been taken in reliance on it. If I do not, it will be valid for 24 months from the date I sign this form or the duration of my claim for benefits, whichever period is shorter. A photocopy of this authorization is as valid as the original form and I have a right to receive a copy upon request.

Corinne Albanese

Signature of Employee

12-1-16

Date

**EXHIBIT 5**

MEDICAL BILLS

LOAN No. 0010783205

ANTHONY C. ALBANESE  
CORINNE ALBANESE  
69 ALAN LOOP  
STATEN ISLAND, NY 10304-4434

January 27, 2017

Capital One, N.A.  
P.O. Box 21887  
Eagan, MN 55121

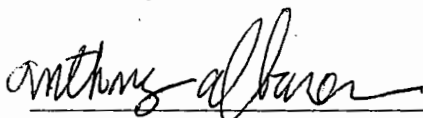
Re: Loan No. 0010783205  
Address: 69 Alan Loop, Staten Island, NY 10304-4434  
Borrower(s) Anthony and Corrine Albanese:

To Whom It May Concern:


At this time, Corinne Albanese, is on medical leave and it is expected that unreimbursed medical expenses will continue to be incurred. I have included copies of current unreimbursed medical expenses to verify changes to my income.

Under the circumstances, the principal and interest payment together with the default amount is unaffordable. However, we would like to perform on the debt obligation and can afford to make a monthly payment of \$650 toward the default amount, including principal and interest over an extended period of time until the default debt is paid off.

Very truly yours,



Anthony Albanese



Corinne Albanese



Memorial Sloan Kettering  
Cancer Center

Physician Billing Department

QUESTIONS? CALL YOUR ACCOUNT SPECIALIST AT 646-227-3378,  
8:00AM-5:00PM (CLOSED BETWEEN 12:30PM-1:30PM).  
CALLERS OUTSIDE AREA CODES 212/646/718 SHOULD  
CALL 866-248-1274.



CORINNE ALBANESE  
69 ALAN LOOP  
STATEN ISLAND, NY 10304-4434

2836 1 AT 0.398 DAY1

PHYSICIAN BILLING DEPARTMENT  
PO BOX 26352  
NEW YORK, NY 10087-6352

☐ PLEASE CHECK THIS BOX IF YOUR ADDRESS OR INSURANCE HAS  
CHANGED AND MAKE YOUR CHANGES ON THE REVERSE SIDE.

PLEASE DETACH TOP PORTION AND RETURN WITH YOUR PAYMENT

## STATEMENT OF PHYSICIAN SERVICES

(STATEMENT DATE: JANUARY 7, 2017)

MEDICAL RECORD # 35539808  
PATIENT NAME: CORINNE ALBANESE

QUESTIONS? CALL YOUR ACCOUNT SPECIALIST AT 646-227-3378,  
8:00AM-5:00PM (CLOSED BETWEEN 12:30PM-1:30PM).  
CALLERS OUTSIDE AREA CODES 212/646/718 SHOULD  
CALL 866-248-1274.

THE FOLLOWING INVOICES DESCRIBE OUTSTANDING CHARGES FOR SERVICES RENDERED BY PHYSICIANS AND OTHER HEALTH CARE PROFESSIONALS  
AT MEMORIAL SLOAN-KETTERING CANCER CENTER. THE LEFT SIDE DESCRIBES THE SERVICES PROVIDED. THE RIGHT SIDE DESCRIBES INSURANCE  
CLAIMS AND PAYMENTS.

<p><b>CHARGES</b></p> <p>PROVIDER: RACHEL SANFORD MD SOL-BREAST CANCER MEDICINE</p> <p>11/17/16 OFFC VST, NEW PAT, LVL 5 ..... \$880.00</p> <p><b>TOTAL CHARGES: \$880.00</b></p>	<p><b>INVOICE NUMBER: 26581203</b></p> <p><b>PAYMENT ACTIVITY</b></p> <p>11/17/16 TOTAL CHARGES ..... \$880.00</p> <p>11/22/16 INSURANCE CLAIM FILED</p> <p>12/05/16 PAYMENT EMPIRE MANAGED CARE (EO</p> <p>2) CO-PAYMENT / COINSURANCE</p> <p>PAYMENT ..... 713.21</p> <p>ADJUSTMENT ..... 126.79</p> <p><b>AMOUNT YOU OWE ..... \$40.00</b></p>
<p><b>CHARGES</b></p> <p>PROVIDER: CAROL L CHEN MD CARDIOLOGY GROUP</p> <p>11/22/16 EKG, INTERPRETATION AND REPORT ONLY ..... \$45.00</p> <p><b>TOTAL CHARGES: \$45.00</b></p>	<p><b>INVOICE NUMBER: 26596325</b></p> <p><b>PAYMENT ACTIVITY</b></p> <p>11/22/16 TOTAL CHARGES ..... \$45.00</p> <p>11/28/16 INSURANCE CLAIM FILED</p> <p>12/19/16 PAYMENT EMPIRE MANAGED CARE</p> <p>PAYMENT ..... 45.00</p> <p>ADJUSTMENT ..... 0.00</p> <p><b>AMOUNT YOU OWE ..... 0.00</b></p>
<p><b>CHARGES</b></p> <p>PROVIDER: DIPTI GUPTA MD CARDIOLOGY GROUP</p> <p>11/22/16 2-D ECHO W SPECTR &amp; COLOR FLOW DOP ECHO ..... \$520.00</p> <p><b>TOTAL CHARGES: \$520.00</b></p>	<p><b>INVOICE NUMBER: 26607868</b></p> <p><b>PAYMENT ACTIVITY</b></p> <p>11/22/16 TOTAL CHARGES ..... \$520.00</p> <p>11/29/16 INSURANCE CLAIM FILED</p> <p>12/19/16 PAYMENT EMPIRE MANAGED CARE</p> <p>PAYMENT ..... 520.00</p> <p>ADJUSTMENT ..... 0.00</p> <p><b>AMOUNT YOU OWE ..... 0.00</b></p>

CONTINUED ON REVERSE SIDE ...



GUARANTOR/ADDRESS CHANGES							
PATIENT NAME				IF GUARANTOR NAME CHANGED PLEASE CALL US			
STREET ADDRESS, APT #				HOME PHONE NUMBER		CELL PHONE NUMBER	
CITY		STATE / PROVINCE		POSTAL CODE		COUNTRY	
EMPLOYER				WORK PHONE NUMBER			
EMPLOYER STREET ADDRESS		CITY		STATE		ZIP CODE	
INSURANCE CHANGES - PRIMARY				INSURANCE CHANGES - SECONDARY			
INSURANCE COMPANY		<input type="checkbox"/> CHECK BOX IF HMO		INSURANCE COMPANY		<input type="checkbox"/> CHECK BOX IF HMO	
SUBSCRIBER'S NAME		SUBSCRIBER'S DATE OF BIRTH		SUBSCRIBER'S NAME		SUBSCRIBER'S DATE OF BIRTH	
I.D. NUMBER	GROUP/PLAN NUMBER	EFFECTIVE DATE		I.D. NUMBER	GROUP/PLAN NUMBER	EFFECTIVE DATE	
MAILING ADDRESS FOR CLAIMS				MAILING ADDRESS FOR CLAIMS			
CITY		STATE		ZIP CODE		CITY	

\*\*\* IF POSSIBLE, PLEASE ENCLOSE A COPY OF YOUR INSURANCE ID CARD (FRONT AND BACK) WITH THIS CHANGE \*\*\*

## STATEMENT OF PHYSICIAN SERVICES

(STATEMENT DATE: JANUARY 7, 2017)

64

MEDICAL RECORD # 35539808  
PATIENT NAME: CORINNE ALBANESE

PAGE 2

**CHARGES**

PROVIDER: ALEXANDRA S HEERDT MD  
BREAST GROUP

11/22/16 OFFC VST, NEW PAT, LVL ..... \$465.00

**TOTAL CHARGES: \$465.00**

**PAYMENT ACTIVITY**

11/22/16 TOTAL CHARGES ..... \$465.00

11/30/16 INSURANCE CLAIM FILED

12/19/16 PAYMENT EMPIRE MANAGED CARE (EO  
2) CO-PAYMENT / COINSURANCE ..... \$58.87

PAYMENT ..... \$40.00

ADJUSTMENT ..... \$0.00

**AMOUNT YOU OWE ..... \$40.00**

**CHARGES**

PROVIDER: RAVINDER K GREWAL MD  
NUCLEAR MEDICINE GROUP

11/22/16 PET CT SKUL TO THIGH ..... \$545.00

**TOTAL CHARGES: \$545.00**

**PAYMENT ACTIVITY**

11/22/16 TOTAL CHARGES ..... \$545.00

11/30/16 INSURANCE CLAIM FILED

12/20/16 CONTRACTED PRIMARY DENTALS ..... 0.00

12/20/16 PAYMENT EMPIRE MANAGED CARE (EO  
0) WE ARE APPEALING YOUR CLAIM ..... 0.00 (A)

PAYMENT ..... 0.00

ADJUSTMENT ..... \$81.80

**AMOUNT PENDING WITH INSURANCE ..... \$463.20**

(A) WE ARE APPEALING YOUR CLAIM

**CHARGES**

PROVIDER: CONSTANTINOS SOFOCLEOUS MD  
RADIOLOGY GROUP

1/25/16 TUNLD CENT INSRT CVA SUBCUT PORT 5YR + ..... \$3290.00

1/25/16 FLUOR GUIDE CVAD PLC EP REMOVAL ..... \$90.00

1/25/16 US GUID FOR VASC ACCE S ..... \$180.00

**TOTAL CHARGES: \$3560.00**

**PAYMENT ACTIVITY**

11/25/16 TOTAL CHARGES ..... \$3560.00

12/01/16 INSURANCE CLAIM FILED

12/19/16 PAYMENT EMPIRE MANAGED CARE (EO  
2) CO-PAYMENT / COINSURANCE ..... \$758.91

PAYMENT ..... \$1620.05

ADJUSTMENT ..... \$181.04

**AMOUNT YOU OWE ..... \$181.04**

CONTINUED ON NEXT PAGE ...



January 07, 201



LOAN No. 010783205

Memorial Sloan Kettering  
Cancer Center..

LOAN No. 0010783205

**Explanation of Balance****Corinne Albane**

Medical Record # 35539808 Account # 9205374657

**The Summary shown below represents outstanding balances with you or your insurance carrier.** See Page 2 for definitions of terms listed below.

		Insurance Activity	What You Owe Now
<b>Service Period 11/17/16</b>			
	Charges Billed	1,802.00	
01/06/17	OP Blue Cross Pmt	-676.85	
	Insurance Benefit	-1,125.15	
	<b>Balance Pending</b>	<b>0.00</b>	<b>0.00</b>
<b>Service Period 11/18/16</b>			
	Charges Billed	0.00	14.41
	<b>Balance Pending</b>	<b>0.00</b>	<b>14.41</b>
<b>Service Period 11/22/16</b>			
	Charges Billed	8,910.50	
	Insurance Benefit	5,262.79	
	<b>Balance Pending</b>	<b>14,173.29</b>	<b>0.00</b>
<b>Service Period 11/25/16</b>			
	Charges Billed	11,845.41	
01/06/17	OP Blue Cross Pmt	-5,466.25	
01/06/17	Xfr Co-Insurance	0.00	56.34
	Insurance Benefit	-6,379.16	
	<b>Balance Pending</b>	<b>0.00</b>	<b>56.34</b>
<b>Service Period 12/08/16</b>			
	Charges Billed	3,252.46	3.64
	<b>Balance Pending</b>	<b>3,252.46</b>	<b>3.64</b>
<b>Service Period 12/09/16</b>			
	Charges Billed	10,500.47	
	Insurance Benefit	-4,665.24	
	<b>Balance Pending</b>	<b>5,835.23</b>	<b>0.00</b>
<b>Service Period 12/22/16</b>			
	Charges Billed	3,252.46	
	<b>Balance Pending</b>	<b>3,252.46</b>	<b>0.00</b>

January 07, 2017

LOAN No. 0010783205

LOAN No. 0010783205

Memorial Sloan Kettering  
Cancer Center.**Explanation of Balance****Corinne Alban**

Medical Record # 35539808 Account # 920537465

Explanation of Balance continued from the previous page

Service Period	Insurance Activity	What You Owe Now
12/23/16		
Charges Billed	10,500.47	
Insurance Benefit	-4,665.24	
<b>Balance Pending</b>	<b>5,835.23</b>	<b>0.00</b>
01/05/17		
Charges Billed	3,258.46	3.87
<b>Balance Pending</b>	<b>3,258.46</b>	<b>3.87</b>
01/06/17		
Charges Billed	10,318.47	
<b>Balance Pending</b>	<b>10,318.47</b>	<b>0.00</b>
<b>TOTAL Balance Pending</b>	<b>45,925.60</b>	<b>78.26</b>

**What You Owe Now:****78.26**

The "What You Owe Now" amount is your responsibility to pay upon receipt of this statement. You can make a payment through My.MSKCC.org or visit <https://pay.usbank.com/MSKCC>. If you are experiencing financial difficulty, please contact 646-227-3378 to speak with one of our representatives.

**Important Information:**

A statement will only be mailed if there is a balance present in "What You Owe Now". Current balance information is always available on My.MSKCC.org.

**Financial Assistance Program:**

This program is available to patients who are having difficulty paying their hospital and physician bills. Contact Patient Accounts or see someone in Patient Financial Services to discuss this program. See the "Understanding Your Statement" page for contact information.

LOAN No. 0010783205

LOAN No. 0010783205

NEW YORK UNIVERSITY  
PHYSICIAN SERVICES  
P.O. BOX 415662  
BOSTON, MA 02241



## RETURN SERVICE REQUESTED

☐ Please check box if below address is incorrect or insurance information has changed and indicate changes on reverse side.

## REMIT TO:

NYU120 568742 331538213

CORINNE ALBANESE

69 ALAN LOOP

STATEN ISLAND, NY 10304-4434

NEW YORK UNIVERSITY  
PHYSICIAN SERVICES  
P.O. BOX 415662  
BOSTON, MA 02241

STATEMENT DATE	PATIENT NAME	ACCOUNT #	TOTAL BALANCE	PAY THIS AMOUNT	AMOUNT PAID
12/30/16	CORINNE ALBANESE	2408333	\$200.91	\$200.91	\$

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT.

STATEMENT SUMMARY						
AMOUNT BILLED	YOUR INSURANCE PLAN PAID	DISCOUNTS APPLIED	YOUR PATIENT RESPONSIBILITY	YOU ALREADY PAID	YOUR TOTAL BALANCE	YOUR TOTAL DUE
\$6,223.00	\$1,808.21	\$4,213.88	\$200.91	\$0.00	\$200.91	\$200.91

To pay by credit card or contact customer service please call: (877) 648-2964 or visit <http://mychart.nyulmc.org>.

STATEMENT DETAILS						
Service Date	Provider	Description	Charges	Credits	Insurance Balance	Patient Balance
11/02/2016	Stella Elgort, MD	19083 - BIOPSY OF BREAST ACCESSED THROUGH THE SKIN WITH ULTRASOUND GUIDANCE - YOUR INSURANCE PAID - BLUE CROSS BLUE SHIELD - DISCOUNTS APPLIED - BLUE CROSS BLUE SHIELD - YOUR COINSURANCE IS: 200.91	6,223.00	1,808.21 4,213.88	0.00	200.91
RADIOLOGY SUBTOTAL			6,223.00	6,022.09	0.00	200.91
YOUR TOTAL BALANCE						200.91

	CURRENT	PAST DUE	CREDIT BALANCE	TOTAL BALANCE
PATIENT BALANCE	\$200.91	\$0.00	\$0.00	\$200.91

## Important Message Regarding Your Account

- You are responsible for the full balance of any out-of-pocket costs applied by your plan.

To pay by credit card or contact customer service please call: (877) 648-2964 or visit <http://mychart.nyulmc.org>.

LOAN No. 00107832.05

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT.

STATEMENT SUMMARY						
AMOUNT DUE	YOUR INSURANCE PLAN PAID	DISCOUNTS APPLIED	YOUR PATIENT RESPONSIBILITY	YOUR INSURANCE PAID	YOUR COINSURANCE	TOTAL DUE
\$1,045.00	\$92.83	\$941.85	\$10.32	\$0.00	\$10.32	\$10.32

To pay by credit card or contact customer service please call: (877) 648-2964 or visit <http://mychart.nyulmc.org>.

STATEMENT DETAILS						
Service Date	Provider	Description	Charges	Credits	Insurance Balance	Patient Balance
11/02/2016	Stella Elgort, MD	38505 - NEEDLE BIOPSY OR REMOVAL OF LYMPH NODES	1,045.00		0.00	10.32
		- YOUR INSURANCE PAID - BLUE CROSS BLUE SHIELD		92.83		
		- DISCOUNTS APPLIED - BLUE CROSS BLUE SHIELD		941.85		
		- YOUR COINSURANCE IS: 10.32				
		<b>RADIOLOGY SUBTOTAL</b>	<b>1,045.00</b>	<b>1,034.68</b>	<b>0.00</b>	<b>10.32</b>
		<b>YOUR TOTAL BALANCE</b>				<b>10.32</b>

	CURRENT	PAST DUE	CREDIT BALANCE	TOTAL BALANCE
PATIENT BALANCE	\$10.32	\$0.00	\$0.00	\$10.32

**Important Message Regarding Your Account**

- You are responsible for the full balance of any out-of-pocket costs applied by your plan.

To pay by credit card or contact customer service please call: (877) 648-2964 or visit <http://mychart.nyulmc.org>.

**EXHIBIT 6**

**CAPITAL ONE REQUEST 1ST LIEN POSITION**



ASSURANT  
Specialty  
Property

American Bankers Insurance  
Company of Florida  
11222 Quail Roost Drive  
Miami, FL 33157-6596  
T 1-877-900-0354  
F 305-964-2731

9/23/2016

ANTHONY ALBANESE  
69 ALAN LOOP  
STATEN ISLAND 10304

Re:  
Policy Number: CND 0049255  
Property Address: SAME AS ABOVE  
Policy Effective Dates: 11/07/2015-11/07/2016

We recently received a request from Capital One NA, to be listed on your policy as first lienholder. In order to make this change, we require your written authorization. Please check your selection and sign in the space provided below.

       YES, I authorize Capital One NA, to be listed on my insurance policy as 1<sup>st</sup> Loss Payee. Their mailing address is:

Capital One NA,  
ISAOA/ATIMA  
PO BOX 100595  
FLORENCE SC 29502  
LOAN # : 0010783205

☒ NO, I do not authorize these changes.

anthony albanese  
Signature

If you have any questions or require additional assistance, please contact us Monday through Friday 8:00 am - 5:00 pm EST.

Thank You,  
Specialty Homeowners

You may submit your request by:

Mail: Assurant Specialty Property  
11222 Quail Roost Drive  
Miami, FL 33157  
Attn: Specialty Homeowners

Fax: (305) 964-2731

Email: condomail@assurant.com

LOAN No. 0010783205



## Our response to your inquiry

January 5, 2017



ARLENE WILLIAMS  
CARL E PERSON  
ATTORNEY AT LAW  
225 E 36<sup>TH</sup> STREET SUITE 3A  
NEW YORK, NY 10016-3664

LOAN & PROPERTY INFORMATION  
69 ALAN LOOP  
STATEN ISLAND, NY 10304  
LOAN NUMBER: 0010783205

**As a result of a bankruptcy proceeding, you may not be personally liable for the unpaid balance of this loan; however, if we (as beneficiary or beneficiary's agent) retain a security lien on the real property, it may be subject to foreclosure in accordance with the laws of the state where located. If you are not personally liable to pay this obligation by reason of a bankruptcy proceeding, this is not an attempt to collect a debt, but is intended only for informational purposes.**

Dear Arlene Williams,

Thanks for taking the time to contact us. We reviewed your inquiry about the lien holder position and status of the loan. See our response below.

### What you need to know

Our records indicate we did receive the signed response from the borrowers, indicating they did not authorize Capital One N.A. to be listed on the homeowner's insurance policy, as the first lien holder. Our records also indicate Capital One agreed to remain as the second lien holder and that the borrowers entered into a repayment plan agreement.

### What you need to do

For further assistance, please contact our Loss Mitigation department at (877) 230-8516.

If you'd like copies of any documents we used to make our determination, just send a written request to the address below. Be sure to include your name, loan number, date of our response and a statement asking for the documents we used in our determination.

**Capital One, N.A.  
P.O. Box 21887  
Eagan, MN 55121**

If you have questions or need help with anything else, give us a call at 1-877-535-1212, weekdays from 8 AM to 8 PM ET.

Sincerely,

Customer Advocacy Team

cc: ANTHONY C ALBANESE  
CORINNE ALBANESE  
69 ALAN LOOP  
STATEN ISLAND, NY 10304

UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF NEW YORK

In re:

CORINNE ALBANESE

Debtor.

Case No. 14-43965-ess

AFFIDAVIT OF  
SERVICE

STATE OF NEW YORK )  
                                  )ss.:  
COUNTY OF RICHMOND)

CALVIN BOYER, being duly sworn deposes and says under penalty of perjury:

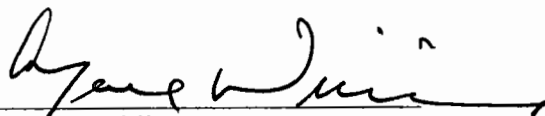
1. I am not a party to the above-captioned action, I am over age of 18 years; I reside in the County of Queens, State of New York.

2. On April 11, 2017, I deposited a copy of a ***Notice of Motion to Reopen Chapter 7 Pursuant to 11 U.S.C. § 350*** with supporting papers in a post-paid wrapper delivered to a depository under the exclusive care and custody of the U.S. Postal Service addressed as follows:

WOODS OVIATT GILMAN LLP  
700 CROSSROADS BUILDING 2 STATE STREET  
ROCHESTER, NY 14614

  
\_\_\_\_\_  
CALVIN BOYER

Sworn to before me this  
11th day of April, 2017

  
\_\_\_\_\_  
Notary Public

ARLENE WILLIAMS  
Notary Public, State of New York  
No. 01W1628900  
Qualified in Queens County  
Commission Expires March 15, 2018